

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	3					
5	2					
6	2					
7	2					
8	2					
9	1					
10	2					
11	1					
12	2					
13	(1)					
14	2					
15	(1)					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	(1)					
23	(1)					
24	(1)					
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26	2					
27	1					
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TOTAL IND.	2					
TOTAL DEP.	44					
TOTAL CLAIMS	46					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						